

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/22/97

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981559149

FACILITY NAME -> ALCOA PLT - FORMER

MAILING ADDRESS -> 700 RIVER RD

EDGEWATER, NJ 07020

INSTALLATION ADDRESS -> 700 RIVER RD

EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II . 290 BROADWAY **NEW YORK, NEW YORK 10007-1866**

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS**

TO: DAIBES PE, AMIR J PROJ MANAGER ALCOA PLT - FORMER 725 RIVER RD EDGEWATER, NJ 07020

copies: White - Manifest Section

Pink - Applicant

Ud, 12/13

Yellow - USEPA Region II

Department of Environmental Protection and Energy
Manifest Section
U.S. EPA
ON 421 401 East State Street
AGENCY RO II Trenton, New Jersey 08625-0421

94 DEC -8 PM 12: 52

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 9	81559149			
Company Name:	A. P. New Jersey	, Inc.		
Site Address:	700 River Road		Edgewat	er
	(street) New Jersey	07020	(city/	town)
*	(state)	(zip code)	(lot)	(block)
		•	(4.2.3)	(,
Mailing Address: 150		-	Pittsburgh	
	(street / p.o. box)	(city / town)	
Pen	nsylvania	_	15219	
	(state)		(zip code)	
Company Contact:	Ewald J. Dollho	opf, III	412-337-4594	
	(name)		(area code and phon	e number)
		eleanup (indicate	eleanup which is comp	
Is the site presently of Sign and date the app			page (pink copy) for y	our records.
		9	0 8 11	
Ewald J. Dollho (printed)		twold.	4 sucrept se	
		- N	(signature)	
Resident Contac		Novem	ber 21, 1994	
(title	O DIATE		(date)	
Submission of false in	formation is a viola	ation of N.J.A.C.	7:26-5.6 and N.J.A.C	2. 7:26-7.3.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all below. shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981559149

FACILITY NAME -> A P NEW JERSEY INC

MAILING ADDRESS -> 700 RIVER RD

EDGEWATER, NJ 07020

INSTALLATION ADDRESS -> 700 RIVER RD

EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

DOLLHOPF, EWALD TO: RESP CONTACT A P NEW JERSEY INC 100 TECHNICAL DR ALCOA CENTER, PA 15069-0001 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91

Please refer to the Instructions for Filing Notification before completing this form. The



Date Received (For Official Use Only)

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	ID - For Official the Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes	Pera colinstructions
A. Hazardous Waste Activity	B. Used Oll Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) 3. Treater Stoter Disposer(a Note: A permit is required	it installation) 1. Off-Specification, used Oil Fuel
b. 100 to 1000 kg/mo (220 – 2,200 lbs.) this activity; see instruction	a. Generator Marketing to Burner b. Other Marketer
2. Transporter (Indicate Marketing to	Burner Burner - indicate device(s) -
a. For own waste only	Type of Combustion Device
b. For commercial purposes Type of Combustion D Mode of Transportation 1. Utility Boiler	evice 2. Industrial Boiler
1. Air 2 Industrial Boiler	3. industrial-Furnace
3. Industrial Furnar 3. Highway 5. Underground Injection Con	Or On-site Rumer Who First Claims
4. Water 5. Other - specify	the Oil Meets the Specification.
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes, Mark Windle I	7
	iding to the characteristics of nonlisted hazardous
1. Ignitable 2 Correstve 3. Reactive 4. EP Toxic (D002) (D002) (D000) (Elst specific EPA nazaro	ous waste number(g) to the text one comanger ((g)).
B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need	to list more than 12 waste codes.)
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)	
2 3 3 7 7 4	
X 7 5 0 X 7 5 1 X 7 5 2 X 7 5	3 X 7 5 4
XI Serditeaugn	
I certify under penalty of law that I have personally examined and am far	niliar with the information out with a link in
obtaining the information. I believe that the submitted information is	individuals immediately responsible for
that there are significant penalties for submitting false information imprisonment.	n, including the possibility of fines and
Name and Official Title (type or print Ewald Dollhopt Respondent Contact	Date Signed APRIL 07 1992
XI. Comments:	Arac 01, 1772
A CONTRACTOR OF THE PROPERTY O	
Wastes generated during the securing of this plant	site according to NJ DEP
may be hazardous under New Jersey regulations. A became the present owner as a result of a	P. New Jersey, Inc.
。 第一章	THE PARTY OF THE P
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Se	ction III of the booklet for addresses.)

X002

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

The state of the s				1.D FO	R OFFICIAL USE ONLY
				w	
IX. DESCRIPTION OF HAZA	RDOUS WASTES (co	intinued from from	111 Samuel Marie Cont.	erentaliste engages e	THE STATE OF THE S
A. HAZARDOUS WASTES FROM waste from non-specific source	NON-SPECIFIC SOUR	CES Enter the four	digit number from		31 for each listed hazardous
1.0	2 191	3	4	3	6
Xoloa	and private particular				
7	31	. 10	10	11	15 15
		TiT			
23 : 20	15 - 16 13	- 10	13 : 16	<u> </u>	15 : ;
B. HAZARDOUS WASTES FROM specific industrial sources your	SPECIFIC SOURCES. Einstallation handles. Use	Enter the four—digit additional sheets if n	number from 40 CFR	Part 261,32 for e	ach listed hazardous waste from
13	14	18	16	17	1.8
19	20	21	23 . 26	23	24
25	26 28	÷ 26	23 : 31	23 · 26	22 26
	TÎTÎ b		28	29	20
23 - 26 7	3 24 23	· 26		7, 1	
C. COMMERCIAL CHEMICAL PR stance your installation handles	ODUCT HAZARDOUS V which may be a hazardou	NASTES. Enter the is waste. Use addition	four—digit number fro inal sheets if necessary	om 40 CFR Part 2	51.33 for each chemical sub
31	32	33	3.2	35	3.
37	38 21	39	40	41	22 25
				HIII	
43		- 26	23 - 26	23 : 25	22 21
Hiir H	- 11 -	45	46	47	46
23 - 26	2 . 36 23	. 26	23 26	20 - 26	
D. LISTED INFECTIOUS WASTER hospitals, medical and research I	 Enter the four—digit national statements. 	umber from 40 CFR ion handles. Use add	Part 261,34 for each litional sheets if necess	listed hazardous w	waste from hospita's, veterinars
49	50	51	52	53	54
3 - 26	25 26 23	. 28	23 - 26	2) - 26	
E. CHARACTERISTICS OF NON- hazardous wastes your installation	-LISTED HAZARDOUS on handles. <i>(See 40 CFR)</i>	WASTES. Mark "X" Parts 261.21 - 261.	in the boxes correspo		acterist as of non-: tter
DI. IGNITABLE	2. COF	ROSIVE	3. REACTI	VE	(5000)
X. CERTIFICATION	是是14.424.400 cm			Carlo Carlo Carlo	SVS PER PART
I certify under penalty of la attached documents, and tha I believe that the submitted i mitting false information, incl	t based on my inquiry nformation is true. ac	of those individuctions of the company of the compa	uals immediately re lete. I am aware th	sponsible for a	braining the it i emitten
SIGNATURE		NAME & OFFICIA	L TITLE ITYPE or pri	17:	DATE SIGNES
Are Sylan		Gene DelBen Owner's Repre	send hive		9.4.86
EPA Form 8700-12 (6-80) REVER	RSE				

PERMITS ADMINISTRATION BRANCH

1886 SEP 11 AM 11: 13

ACENCY REGION II

MEW YORK, N.Y.

Provisional	ID	#
Provisional	ID	#

Provisional Number Questionnaire

- 1. Name of Facility Requesting ID Number
 Amland Properties Corporation
- Name and Telephone Number of Person Making Request Gene Del Bene (201) 941-4100
- Date of Request for Provisional Number September 4, 1986
- 4. Time and Date of Episode Causing Emergency
 Not on emergency, remedial cleanup.
- 5. Projected Date all Hazardous Waste Activity Will Be Terminated June 1987
- Location of Episode
 700 River Road Edgewater, NJ 07020
- 7. Measures Taken to Control Episode
 Product will be removed, packaged and shipped in accordance
 with all local, state and federal regulations.
- Description of Episode
 Remedial cleanup and building decontamination.
- List Type and Quantity of Wastes
 1,000 cubic yards of PCB contaminated material
- 10. Name and EPA ID Number of Transporter(s)

 SCA Chemical Services, Inc. NJD 089216790
- 11. Name and EPA ID Number of Treatment, Storage and/or Disposal Facility (If Known) SCA Chemical Services, Inc. NYD 049836679
- 12. Provide all Provisional Numbers Previously Assigned (If Any)
 None previously assigned
- 13. Do You Wish to Obtain a Permanent EPA ID Number?

 No, one time event.
- 14. Comments

15. Signature and Date

An Sylve 9.11.80 MOITARTZIMIMOA ZTIMA39 HOMAAA

EL : 11 WW 11 435 9861

NEW YORK, NY. AGENCY, REGION XI

From: Jack Hoyt, AMED, RPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel; (212) 637 4106

9 5

0

B. Land Type

C. Owner Type

P

lange of Owner

(Date Changed) Day Year

Month

0 8

Phone Number (Area Code and Number)

0

ID - For Official Use Only

	VIII. Type of Regulated Waste Activity (Mark X' in the appropriate boxes; Refer to instru	Early State State of great and state of
	A. Hazardous Waste Activity	B. Used Oil Recycling Activities
PRANS- PREMER SNLY	below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify Tazadous Waste Folia a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smeller Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Central	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) i. Process b. Re-refine
	IX. Description of Hazardous Wastes (Use additional sheets if necessary)	
	A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corresponding to hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List specific EPA hazardous waste nu	
	B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list PCB	more than 12 waste codes.)
(1 2 3 4 0 0 2 1 8 9 10	5 6 1 1 1 1 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See in	nstructions.)
	1 2 3 4	5 6
	X. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry those persons directly responsible for gathering the information, the information submitted is, to the best of it am aware that there are significant penalties for submitting false information, including the possibility of false information.	of the person or persons who manage the system, or
7	Signature ORIGINAL Name and Official Title (Type or print) Amir J. Daibes, P.E. Pr	Date Signed
-	XI. Comments	
	One time clean-up (i.e. removal) of PCB-contam	inated concrete.
	PCB's will be picked-up and delivered by Chemical	Waste Management, Inc.
	Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section I to their own TSCA landfill at Mo	
	EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.	



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING
NEW YORK, NEW YORK 10278

September 8, 1992

Ewald Dollhopf A P New Jersey Inc 100 Technical Dr Alcoa Center, PA 15069-0001 RESUBMITTED SEDT 25 1992 Eward, Durchapfer Completive ALL QUESTIONED ITEMS.

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II PERMITS ADMINISTRATION BRANCH 26 FEDERAL PLAZA, ROOM 505 NEW YORK, NEW YORK 10278 TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief

Permits Administration Branch

Leura Tivergeon

Enclosures

DATE: 94-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name	HP New Jersey Inc
1)/	Name of Installation is incomplete.
2)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
3)	Installation Mailing Address is incomplete.
4)	Ownership information is incomplete.
5)	Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
6)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
7)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
8)	Installation Contact Address is Incomplete.
9)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
10)	There is an existing EPA Identification Number for the stated installation at the location address you have specified. To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
11)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes.
12)	Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is
Please indicate your facility's relationship to the above named company in the appropriate space(s) below.
The above named facility is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
The above named facility is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
The above named facility is the previous owner of the property or prior business. List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.
The above named facility is the previous operator at this location.
Other. Please explain

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 8, 1992

Ewald Dollhopf A P New Jersey Inc 100 Technical Dr Alcoa Center, PA 15069-0001

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

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USEPA - REGION II PERMITS ADMINISTRATION BRANCH 26 FEDERAL PLAZA, ROOM 505 NEW YORK, NEW YORK 10278 TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief Permits Administration Branch

Enclosures

SYMBOL=>	20PM-PA				
SURNAME=>	Livingston				
DATE=>	AR9/9/92				

DATE: 9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name	17 P New Jersey Inc
1)	Name of Installation is incomplete.
2)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
3)	Installation Mailing Address is incomplete.
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10)	There is an existing EPA Identification Number for the stated installation at the location address you have specified. To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
11)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes.
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Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is
Please indicate your facility's relationship to the above named company in the appropriate space(s) below.
The above named facility is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
The above named facility is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
The above named facility is the previous owner of the property or prior business. List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.
The above named facility is the previous operator at this location.
Other. Please explain

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010



Notification of **Regulated Waste**

Date Received (For Official Use Only)

no APR 13 PH 12: 37

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Form Approved. OMB No. 2050-0028. Expire: 10-37-97 GSA No. 0246-EPA-OT

	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes.	Refer to instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other – specify 3. Treater, Storer, Disposer (at in Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Bu b. Other Marketers c. Burner – indicate device(s Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace
IX. Description of Regulated Wastes (Use additional sheets if necessary)	A Property of the Property of
B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to 1 2 3 4 7 8 9 10 C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.) 1 2 3 4 X 7 5 0 X 7 5 1 X 7 5 2	is waste number(s) for the EP Toxic contaminant(s))
I certify under penalty of law that I have personally examined and am familiand all attached documents, and that based on my inquiry of those is obtaining the information, I believe that the submitted information is trithat there are significant penalties for submitting false information, imprisonment.	individuals immediately responsible for
ignature Name and Official Title (type or print) Ewald Dollhopf Respondent Contact	Date Signed APRIL 07, 1992
I. Comments	THE STATE OF THE STATE OF THE STATE OF
Wastes generated during the securing of this plant s may be hazardous under New Jersey regulations.	site according to NJ DEP
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Secti	ion III of the booklet for addresses.)

A. P. NEW JERSEY, INC.

1501 ALCOA BUILDING
PITTSBURGH, PENNSYLVANIA 15219

92 APR 13 PH 12: 37

1992 April 07

Need Permanent #

U.S. EPA - REGION II Permits Administration Branch 26 Federal Plaza, Room 505 New York, N.Y. 10278

Attention: Permits Administrator

RE: A.P. New Jersey, Inc.

700 River Road

Edgewater, N.J. 07020

EPA ID NUMBER

This is a request for a an EPA ID number for the captioned site. A provisional EPS number is requested via the N.J. DEP concurrently. The original completed form is enclosed along with the provisional ID forms for your information.

Very truly yours,

Ewald J. Dollhopf, III Resident Contact

cc: G.J. Crouth - Pittsburgh, AB 19

R. Steinhagen - Case Manager, N.J. DEP

A. P. NEW JERSEY, INC.

1501 ALCOA BUILDING
PITTSBURGH, PENNSYLVANIA 15219

1992 April 07



New Jersey Department of Environmental Protection 401 E. State Street - 5th Floor, CN028 Trenton, N.J. 08625

Attention: Ms. B. Bonfonti, Manefest Section

RE: A.P. NEW JERSEY, INC. 700 RIVER ROAD

EDGEWATER, NJ 07020

PROVISIONAL EPA ID NUMBER

This is a request for a provisional EPA ID number for the captioned facility. Attached are two pages of the necessary NJC Temporary # Request Form and an informational copy (two faxed pages of a two sided original) of the completed EPA Notification of Regulated Waste Activity Form. I will mail the original request to you for your files, please do not duplicate.

Please process this request in your efficient manner.

Very truly yours,

Ewald J. Dollhopf, III Resident Contact



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF HAZARDOUS WASTE MANAGEMENT LANCE R. MILLER, DIRECTOR

CN 028 Trenton, N.J. 08625-0028 (809) 633-1408 Fax # (609) 633-1454

NJC Temporary # Request
Form

Please complete all of the following information. An incomplete application

INFORMATIONAL

<u>v</u>	ill not be	process	ed.	TOTTOATUE	informatio	n. An incomplet	e applica
1.	. Generato	r Name	A.P. Ne	ew Jersey	, Inc.		
	Street A	ddress	700 Riv	ver Road			
	City _	Edgewa	ter		/State	New Jersey	
	Zip _	07020			/County	Bergen	
	Contact	Name	Ewald J.	Dollhopf	गाट		
	Phone #	•	412/337-	4594			
2.	Sice Add:	ress of					
	City _				/State		1.
	Zip	· · · · · · · · · · · · · · · · · · ·			/County		
Let	Availabl	(e)	Longitud	ie		Lot#	
3.	Requested	by (if	scent for	•1			
	Street Ad	dress .			*.		
	City	· .			/State		
	Z1p						
(Contact						



4. Give a brief Description why NJC# is required (ie; Spill, Tank Removal
To dispose of wastes generated during the securing of this plant
site according to NJ DEP ACO
5. Waste Description: oils, washwater potentially contaminated with PCB, sludges
6. Waste Code(s): X750, X751, X752, X753, X754
7. Quantity (approx): 100 gallons or less
8. Has the cleanup/episods been reported to one or more of the following?
DHWM No if yes Case # assigned:
ECRA No if yes, - Case # assigned:
DEP Hotline No if yes, - Case # assigned:
U.S.T. No if yes, - Case # assigned:
Other: No
9. Transporter Name and EPA ID. No#: To be chosen
10. Facility (TSDF) Name and EPA ID No#: To be chosen
11. Requestors Name (print) Fwald Dollhopf
Signature twocal J Nouthup for
Date APRN 07, 1982
FOR DEP USE ONLY
NJC# issued
Date
Enforcement Referral Date

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RCRIS: Notification View Screen 2 of 5
*EPA Id: NJD981559149 Other Id:
                                 Merge Send: Y
*Date Received(MMDDYYYY): 091186 Source( N/E/S N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):
                       Send Acknowledgement:
*Name of Installation: AMLAND PROPERTIES CORPORATION
             Installation Location Address
*Streets:
       700 RIVER ROAD
*City:
       EDGEWATER
                         State: NJ Zip: 07020
*County Code: 003
              County Name: BERGEN
             Installation Mailing Address
*Streets: 700 RIVER ROAD
*Citv:
      EDGEWATER
                         State: NJ
                                 Zip: 07020
               Contact Information
* Last Name
            First Name
                          Title
                                  Phone Address(M,L,O)*
* DELBENE
           GENE
                                2019414100
*Streets: 700 RIVER ROAD
*City:
      EDGEWATER
                         State: NJ
                                 Zip: 07020
                                               蒙
*Land Type:
* Enter-Continue F1-Previous Scr F2-Cancel F3-Exit
RCRIS: Notification View Screen 3 of 5
* EPA Id: NJD981559149
                  Other Id:
                                 Source: N
                                               *
* Owner Sequence Number: 1
 Ownership: AMLAND PROPERTIES CORPORATION
                                  Type of Owner:
                                               車
               Address of Owner/Operator
    Street: NOT REQUIRED
    City: NOT REQUIRED
                        State: WY Zip Code
    Phone: 2125551212
 Current/Previous Indicator: CO Change Date(MMDDYY):
索
* Enter-Continue F1-Previous Scr
                      F2-Cancel F3-Exit
                                    F5-Curr. Owner
* F6-Prev. Owner
              F8-Helo
                         F9-First
                                    F10-Next
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